Tallapoosa County Schools
Student/Parent Chromebook Use agreement

School Year _____

NOTE: This form only applies to the student to whom the Chromebook was issued.

Student Name :_____
First Last Student ID #

Parent Name :_____
First Last Driver's License #

Homeroom: _____ Grade: _____ Parent email address: _____

Physical Address: _____

Home phone:_____ Work Phone: _____ Cell Phone: _____

Terms and Conditions

- I agree to pay a non-refundable annual usage / maintenance fee of $ 40 per year on or before taking possession of the Chromebook and its accessories (i.e. charger).
- I agree to practice digital citizenship and responsible social networks.
- I agree at all times to abide by the Tallapoosa County School District's Chromebook Acceptable Use Policy and Procedures Manual, incorporated herein by reference and forming part of it for all purposes. Any breach can immediately terminate my rights of possession, and the school system can take back the Chromebook and its accessories.
- I agree that I will not deface the Chromebook or its accessories in any way, including adding stickers, markings, etc.
- I understand that I will be assigned the same Chromebook each year.
- I agree that I will not alter (ie install VPNs) the Chromebook, or the software settings or functionality installed by Google or the Tallapoosa County School District.

Title

The legal title to the Chromebook and its accessories is in the name of Tallapoosa County Schools and will remain so.

Loss or damage

If the Chromebook is irretrievably damaged, lost, or stolen, I am responsible for a $ 100 fee for a 1-time replacement. If the Chromebook is reported stolen, a police report must accompany the $100 fee. Additional replacements, even in a different school year, will cost me or my parents / guardians the full value of a Chromebook. (current market price)

If the Chromebook is damaged but can be repaired, I am not responsible for a first time repair fee. I am responsible for the actual cost of repair for each additional damage occurrence to the Chromebook.

If the charger is damaged, lost, or stolen there is a replacement fee, if the LCD is damaged there is a fee, if the keyboard is damaged there is a fee. This fee (or fees) must be paid before receiving repairs, loaners or replacements.

Note: Seniors must clear all records and pay fees before participating in graduation ceremonies. Any older person who does not return their assigned Chromebook, whether lost or stolen, will be responsible for the full replacement cost of the Chromebook.

Repossession

If I do not comply with all the terms of this Agreement on time and in full, including the timely return of the Chromebook and its accessories, the school system will have the right to declare me in default and local police will be contacted to come to my workplace. residence, or other location of the Chromebook and its accessories, to take possession of the Chromebook and its accessories.

Agreement term

My right to use and possess the Chromebook and its accessories ends no later than the last day of the school year unless terminated by the Tallapoosa County School System before or when I withdraw from the Tallapoosa County School System.

Appropriation: My failure to promptly return the Chromebook and its accessories and the continued use of the Chromebook without the consent of the school system may be considered an illegal seizure of property that is legally owned by the Tallapoosa County School System.

Signatures: _____

Student Parent/Guardian Date

Tallapoosa County Schools Technology Usage Policy Acknowledgement

Parents/Students:

Please read the information below. If you have any specific questions regarding the policy, please contact your Principal or Counselor at your school. The complete text of the Tallapoosa County Schools' technology policy has been included in the Tallapoosa County Schools Policy Manual.

From time to time, the school may wish to publish examples of student projects, group photographs, and other work on an Internet accessible World Wide Web server. I understand that pictures used on the Tallapoosa County Schools' web sites will include students when they are involved in projects, when they are in large groups, or when their student group receives recognition. The use of student photographs on the web site will include the use of first name/last initial only.

Selected school materials to be published on the web could include: art work, written papers, videos, class projects and/or computer projects.

Students:

I acknowledge that I have read, understand, and agree to all terms in the Tallapoosa County Schools' Technology Usage Policy as outlined in the Tallapoosa County Schools' Policy Manual. I further understand that, as a user on the Tallapoosa County Schools' network, I am responsible for appropriate behavior when using any Tallapoosa County Schools' technology resource.

I understand that any or all of the following disciplinary actions could be imposed if I break any of the rules in the policy:

- loss of access to any technology resources such as but not limited to computers, printers, the Internet, and/or video equipment;
- additional disciplinary action determined as appropriate at a specific school by school staff; and/or
- legal action, when applicable.

I also understand that this agreement will be binding during my entire career at my current school.

Student Name (Please Print): _____

Student Signature: _____

Parent/Guardian:

My child's picture may be published on the Internet using his/her first name/last initial only. **Yes** **No**
My child's selected school materials may be published on the Internet and/or school and District TV channels. **Yes** **No**

Parent Name (please print):

_____

Parent's Signature:

_____

Date Signed:_____

ALABAMA STATE DEPARTMENT OF EDUCATION

HEALTH ASSESSMENT RECORD

School Year: _____-_____

To Parent or Guardian:
The purpose of this form is to provide the school nurse with additional information regarding your child's health needs. The school nurse may contact you for further information. The information requested is essential for the school nurse to meet the health needs of your child.

This information will be kept confidential.

PLEASE complete both sides of this form (Return to the School Nurse)

Name of Student (Last, First, Middle)	Birth Date	Sex	School
Address (Street)			

Home Telephone Number:	Cell Phone Number:	Additional Phone Number:	Grade	Teacher/Homeroom
Name of Parent/Guardian (Last, First Middle)				Work Phone Number:

Transportation

☐ Bus Rider Bus Number: ☐ Car Rider ☐ Special Needs Bus ☐ After School

Part I – Health Information

Place your child receives health care:

Physician's Name: _____

Address: _____

Phone:_____

☐ Community Health Center

☐ Health Department

☐ Hospital Clinic

☐ No Regular Place

☐ Private Doctor /HMO

Your child's Insurance Information:

☐ ALL KIDS

☐ Medicaid

☐ No Insurance

☐ Other _____

☐ Private Insurance

Place your child receives dental care:

Dentist's Name: _____

Address: _____

Phone:_____

☐ Community Health Center

☐ Health Department

☐ Hospital Clinic

☐ No Regular Place

☐ Private Dentist /HMO

Preferred Hospital: _____

Part II – Medical History Medical Equipment /Procedures Required at School

☐ Catheter ☐ Gastric Tube ☐ Nebulizer Treatments ☐ Oxygen Supplement ☐ Tracheostomy

☐ Vagal Nerve Stimulator (VNS) ☐ Ventilator ☐ Wheelchair ☐ Walker

☐ Other *Please explain:*

Medications and Procedures at School require a Prescriber/Parent Authorization Form (one for each medication or procedure) Please see your school nurse.

Please Complete Back of Form (Signature Required)

ALABAMA STATE DEPARTMENT OF EDUCATION

HEALTH ASSESSMENT RECORD

School Year: _____-_____

Part III – Medical History

□ YES □ NO	**KNOWN HEALTH PROBLEMS** If **NO**, go directly to the bottom of the page and provide parent/guardian signature If **YES**, and diagnosed by a physician, answer each question below.
□ YES □ NO □ YES □ NO	**Attention Deficit Disorder (ADD)** **Attention Deficit Hyperactivity Disorder (ADHD)** Requires medication □ At school □ At Home
□ YES □ NO	**Allergies:** □ **Food** _____ □ Hives/rash □ Medications □ **Insects** _____ □ Breathing difficulty □ Epi-pen □ **Environmental** _____ □ **Medications** _____ □ Other:
□ YES □ NO	**Asthma** □ Uses an inhaler at school □ Uses an inhaler at home
□ YES □ NO	**Blood/Bleeding Problems:** □**Hemophilia,** □**Von Willebrand's,** □**Other** □ **Requires medication** ***Please explain:***
□ YES □ NO	**Frequent Nose Bleeds:** *Please explain*
□ YES □ NO	**Cancer/Leukemia:** *Please explain*
□ YES □ NO	**Cerebral Palsy:** *Please explain*
□ YES □ NO	**Cystic Fibrosis:** *Please explain*
□ YES □ NO	**Dental Problems:** *Please explain:*
□ YES □ NO	**Diabetes** □ **Type 1 Diabetes** □ Monitors Blood Sugars at school □ Requires Insulin at school □ Insulin pump □ Glucagon order □ **Type 2 Diabetes** □ Managed with diet □ Oral medication
□ YES □ NO	**Emotional/Behavioral/Psychological:** *Please explain:*
□ YES □ NO	**Gastrointestinal/Stomach Problems:** *Please explain:*
□ YES □ NO	**Genetic / Rare Disorders:** *Please explain:*
□ YES □ NO	**Headaches:** *Please explain:*
□ YES □ NO	**Hearing Problems:** □ Right Ear □ Left Ear □ Both ears □ Hearing loss □ Hearing aid □ Tubes □ Cochlear Implant
□ YES □ NO	**Heart Condition:** □ ***Activity restrictions:*** □ **Medications taken at home***:*** *Please explain:*
□ YES □ NO	**Hypertension (High Blood Pressure):** *Please explain:*
□ YES □ NO	**Juvenile Arthritis/Bone-Joint Problems:** *Please explain:*
□ YES □ NO	**Kidney/ Bladder/ Urinary Problems:** *Please explain:*
□ YES □ NO	**Scoliosis:** □ No Treatment □ Wears Brace □ Surgery □ Family History
□ YES □ NO	**Seizures/Convulsions:** Type of seizure: _____ *Medications:* □ Diastat □ Klonopin □ Versed □ Medication taken at home □ Other _____ *Please explain:*
□ YES □ NO	**Sickle Cell:** □ Anemia □ **Trait**
□ YES □ NO	**Shunt:** □ VP shunt *Please explain:*
□ YES □ NO	**Spina Bifida:**
□ YES □ NO	**Special Diet:** *Please explain:*
□ YES □ NO	**Vision Problems:** □ Wears glasses □ Wears contacts □ Other
□ YES □ NO	**Other Medical Conditions:** *Please include **any** medications taken at home only.*

Required Signatures

Signature of parent(s) or guardian:_____ **Date:**_____

Signature of school nurse: _____ **Date:**_____